PAGE 1 / 12 ·

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) MONTANA REPUBLICAN STATE CENTRAL COMMITTEE PO BOX 935 ADDRESS (number and street) (Check if address is changed) **HELENA** 59624 MT CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS TREAS@MTGOP.ORG (Check if address is changed) Optional Second E-Mail Address katie.montana.campaigns@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://mtgop.org/ (Check if address is changed) DATE 2022 C00008086 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. SKEES, DEREK, , , Type or Print Name of Treasurer SKEES, DEREK, , , [Electronically Filed] 08 09 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use

Toll Free 800-424-9530 Only

Local 202-694-1100

(Revised 06/2012)

FEC	Form 1	1 (Revised 03/2022)	Page 2
. Т	YPE O	OF COMMITTEE:	
C	Candid	late Committee:	
(a	a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(k	o)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	ne candidate
	Name Candid		
	Candid Party	date Office House Senate President	State District
(0	c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Nam Cand	e of didate	
F	Party C	Committee:	
(0	d) x	This committee is a STA (National, State or subordinate) committee of the REP Republican	c, , etc.) Party
P	Politica	al Action Committee (PAC):	
(6	e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
		Corporation Corporation w/o Capital Stock Labor C	Organization
		Membership Organization Trade Association Cooper	_
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f	f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(9	a) 🔲	This committee is an independent expenditure-only political committee (Super PAC).	
13		In addition, this committee is a Lobbyist/Registrant PAC.	
(ł	n)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid P	AC).
`	′ Ш	In addition, this committee is a Lobbyist/Registrant PAC.	,
-	oint C	irmdusioing Denuscentative.	
		fundraising Representative:  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	or more political
(i	)	committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more pointed.
(j	)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Comi	mittees Participating in Joint Fundraiser	
	1	C	

Title or Position ▼

TREASURER

	_		_
•	FEC Form 1 (Revised (	02/2009)	Page <b>3</b>
٧	Vrite or Type Committee Name	,	
	MONTANA RE	EPUBLICAN STATE CENTRAL COMMITTEI	E
6.	Name of Any Connected O	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders STATE VICTORY	ship PAC Sponsor
	Mailing Address	PO BOX 60148	
		WASHINGTON DC 20039	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	tify by name, address (phone number optional) and position of the person in possess	ion of committee
	SKEES, DI	EREK, , ,	
	Full Name		
	Mailing Address	PO BOX 935	
		HELENA MT 59624-0	)935
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	TREASURER		212
8.	Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	ame and address of
	Full Name SKEES, D	EREK, , ,	
	of Treasurer		
	Mailing Address	PO BOX 935	
		HELENA MT 59624-0	)935

CITY A

STATE lacktriangle

Telephone number

406

ZIP CODE ▲

5493

212

FEC Form 1	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
Title on Desition	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position		
	Telephone number	
Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, hold xes or maintains funds.	ds accounts, rents
Name of Bank, D	Depository, etc.	
	STOCKMAN BANK	
Mailing Address	700 MAIN STREET	
	MILES CITY MT 59301	
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.	
	BB&T	1
Mailing Address	2200 WILSON BLVD, SUITE 100	
3		
	ARLINGTON VA 22201	-
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_\_ **of** \_\_\_\_\_\_

h). <b>Joint Fundraisi</b> r	I	FEC ID number	С
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
DAINES MONTA	NA VICTORY COMMITTEE		
Mailing Address	228 S Washington St., Ste 115		
	Alexandria	, ,   VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif	d Organization Affiliated Committee Joint  y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representation	Leadership PAC S
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)  CITY		
esignated Agent: Identif  Full Name	y by name, address (phone number – optional)  CITY   Te  ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor  afety deposit boxes or mail	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mailing and the companion of Bank, CHAIN	y by name, address (phone number – optional)  CITY   Te  ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mailing and the companion of Bank, CHAIN	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or material depositions are of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Te  ries: List all banks or other depositories in which aintains funds.  BRIDGE BANK, NA	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   Te  ries: List all banks or other depositories in which aintains funds.  BRIDGE BANK, NA	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page \_\_6 **of** \_\_12\_\_\_

5(a)	or(h). <b>Joint Fundraisin</b>	g Participant:		
- (3)	1.	,	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
	4.			
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Sponsor
	TRUMP VICTORY			
	Mailing Address	C/O RED CURVE SOLUTIONS		
		138 CONANT STREET, 2ND FLOOR		
		BEVERLY	ı MA	01915
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected		Fundraising Representa	
			Translationing Fropression	Zeadolellip 1716 Opericel
8.	Designated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address	1		
			1 1 1	
		CITY ▲	STATE ▲	ZIP CODE A
	TITLE OR POSITION	•		2 0052 -
			elephone Number	
9.				
	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents
			the committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.		the committee deposit	s funds, holds accounts, rents
	safety deposit boxes or ma	intains funds.	the committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.	1909 K St NW		
	Name of Bank, Depository, etc.	intains funds.	the committee deposit	s funds, holds accounts, rents  20006  ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_\_ **of** \_\_\_\_\_\_

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected James-Daines Vi	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	c/o Red Curve Solutions		
	138 Conant Street, 2nd Floor		
	Beverly	MA	01915
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		nt Fundraising Represent	ative Leadership PAC Spo
	Affiliated Committee	nt Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		nt Fundraising Represent	Leadership PAC Spo
Designated Agent: Identi		nt Fundraising Represent	Leadership PAC Spo
Designated Agent: Identi		nt Fundraising Represent	Leadership PAC Spo
Designated Agent: Identing Full Name  Mailing Address	by by name, address (phone number – optional)	nt Fundraising Representation	Leadership PAC Spo
Designated Agent: Identi	by by name, address (phone number – optional)  CITY		
Pesignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or markets.	cy by name, address (phone number – optional)  CITY    City   City   City   City   City   City   City   City   City    City   City   City   City   City   City   City   City   City    City   City   City   City   City   City   City   City   City   C	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification  Full Name	cories: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_\_\_

h). <b>Joint Fundraisi</b>	ng raitioipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
ROSENDALE VI	CTORY FUND 2020		
	1390 CHAIN BRIDGE RD STE 515		
Mailing Address			
	MCLEAN	VA	22101
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connect	ed Organization Affiliated Committee	nt Fundraising Representa	ative Leadership PAC S
	ed Organization Affiliated Committee	nt Fundraising Representa	ative Leadership PAC S
		nt Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi		nt Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi		nt Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi		nt Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi	ify by name, address (phone number – optional)		
esignated Agent: Identi	ify by name, address (phone number – optional)	STATE	
esignated Agent: Identi  Full Name  Mailing Address	ify by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address	ify by name, address (phone number – optional)	STATE A	
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional)  CITY ▲  Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or markets.	ify by name, address (phone number – optional)  CITY ▲  Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional)  CITY ▲  Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,	ify by name, address (phone number – optional)  CITY ▲  Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit affety deposit boxes or mame of Bank, epository, etc.	ify by name, address (phone number – optional)  CITY ▲  Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit fety deposit boxes or mame of Bank, epository, etc.	ify by name, address (phone number – optional)  CITY ▲  Ories: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisir</b>	ig Farticipant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
DAINES ROSEN	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	Affiliated Committee   y by name, address (phone number – optional)		
esignated Agent: Identif	Affiliated Committee Join  y by name, address (phone number – optional)	st Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif  Full Name  Mailing Address	Affiliated Committee  y by name, address (phone number – optional)  CITY		
esignated Agent: Identification Full Name Mailing Address  TITLE OR POSITION	Affiliated Committee  y by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mailing ame of Bank, epository, etc.	Affiliated Committee  y by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_\_

	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	C
	Organization, Affiliated Committee, Joint Fur	draising Representativ	e, or Leadership PAC Spons
Mailing Address	PO BOX 9891		
	ARLINGTON		22219
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Identif	y by name, address (phone number – optional)	int Fundraising Represent	
Designated Agent: Identif	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY A	STATE A Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or management of Bank, Depository, etc.	CITY A	STATE A Telephone Number	

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_\_

h). <b>Joint Fundraisi</b>		FEC ID number	С
1.		FEC ID number	C
2.			
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundi	raising Representative	e, or Leadership PAC Spon
Rosendale Victor	y Fund		
Mailing Address	1390 Chain Bridge Rd 515		
	McLean	VA VA	22101
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	Leadership PAC S
	fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
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esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_\_

(g) or (h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
Mailing Address	824 S Milledge Ave Ste 101		
	Athens	L GA	30605
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee   Solution  Affiliated Committee  Solution  Fy by name, address (phone number – optional)	undraising Represent	Leadership PAC Sponso
Full Name			
Mailing Address			
TITLE OR POSITION	CITY ▲	STATE ▲	ZIP CODE ▲
		ephone Number	
Banks or Other Deposite	evices List all banks or other depositories in which th	a committee denseit	
safety deposit boxes or m  Name of Bank,  Depository, etc.	ories: List all banks or other depositories in which the naintains funds.	le committee deposit	s funds, holds accounts, rents
Name of Bank, Depository, etc.		le committee deposit	s funds, holds accounts, rents
safety deposit boxes or m		le committee déposit	s funds, holds accounts, rents